

OFFICE OF STATE UNIFORM PAYROLL
AGENCY AUTHORIZED SIGNATURE DOCUMENT

K _____
GFS CLEARING
FUND NUMBER

AGENCY NAME

CONTROL NO.

TO: Mr. Ronald Mitchell, Director
Office of State Uniform Payroll
1051 North Third Street, Rm. 132-B
Baton Rouge, LA 70802

The designated personnel are authorized to perform the following duties:

- (A) Approve Supplemental Payroll Check Request Forms (UPR/F10) and/or Void Check Entry Forms (UPR/F20).
- (B) Approve Agency Payables Request Forms (UPR/F2) to liquidate payroll related accounts payables and/or Agency Request for OSUP Vendor Adjustment Forms (UPR/F6).
- (C) Approve Agency Request for Stop Payment on Payroll and/or Supplemental Checks.
- (D) Approve Agency Request for Stop Payment on Payables Checks.
- (E) Approve reconciled Quarterly Unpaid Balance Report (UPR/F16)-SECTION/AGENCY HEAD ONLY.

| ADD CHANGE DELETE | NAME | TITLE | INTERNET E-MAIL ADDRESS | SIGNATURE | DUTIES PERFORMED PLEASE INDICATE A,B,C,D,E | PHONE NO. (include area code) | FAX NO. (include area code) |
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EFFECTIVE DATE OF CHANGE: _____

AUTHORIZED BY: _____

(Type or Print Department Head/Agency Director)

SIGNATURE: _____

PAGE _____ OF _____

TITLE: _____

(Type or Print)